

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 20 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

48270

1. PLACE OF DEATH

County Franklin

Registration District No. 296

Township Union

Primary Registration District No. 4180

City Union

(No.)

File No.
Registered No.
St. Ward)

2. FULL NAME Edward Lee Pope

(a) Residence, No.

St.

Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

May 4 1936

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as planer,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Union,
Missouri.

13. NAME

Clarence A Pope

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Bland,
Missouri.

15. MAIDEN NAME

Elsie Bay

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Byron, Ark.

17. INFORMANT
(ADDRESS)

Clarence A Pope
Union, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE

Union Cemetery
Union, Mo.

DATE May 4

19. UNDERTAKER
(ADDRESS)

Union Furniture Co.
Union, Mo. (By Wm H. Horn

20. FILED

6-6

1936

J. R. Marshall

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/8, 1936

22. I HEREBY CERTIFY, That I attended deceased from

X, 19X, to X, 19X

I last saw h. X alive on X, 19X. Death is said

to have occurred on the date stated above, at X m.

The principal cause of death and related causes of importance were as follows:

Still born

Date of onset

Other contributory causes of importance:

Name of operation X Date of X

What test confirmed diagnosis? X Was there an autopsy? X

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? X Date of injury X, 19X

Where did injury occur? X (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury X

Nature of injury X

24. Was disease or injury in any way related to occupation of deceased? X

If so, specify X

(Signed)

Wm. Henry
Union, Mo.

, M. D.

(Address)

